MOBILITY AND ORIENTATION INSTRUCTION
OF BLIND PEOPLE.
(Georgia Division of Vocational Rehab.)

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FINAL REPORT

PROJECT TITLE: MOBILITY AND ORIENTATION INSTRUCTION OF BLIND PEOPLE

PROJECT NO. RD-1616-D-67-C2

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GEORGIA REHABILITATION CENTER

Warm Springs, Georgia
31830

November
1967

FOREWORD

* THE GEORGIA REHABILITATION CENTER is an organizational and physical entity in which a soundly and ethically based program of integrated and coordinated services is provided. The services are directed toward the physical, emotional, social and vocational restoration and adjustment of handicapped, impaired individuals. The services consist of Counseling and Guidance, Vocational Evaluation, Treatment, Education, Training and Placement- and are provided by competent personnel especially qualified in the various phases of the rehabilitation process. COUNSELING at the Center, as well as in the field, is the nucleus of the Rehabilitation Program.

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MOBILITY AND ORIENTATION INSTRUCTION OF BLIND PEOPLE

PREFACE

This Project was originally requested to be initiated at the Georgia Academies for the Blind, Macon, Georgia, but in order to better meet the needs of the total blind population of the State of Georgia, the physical setting was changed to the Georgia Rehabilitation Center, Warm Springs, Georgia.

It should be recognized that the Mobility Instructor selected to work with this Project spent part of his time at the Academies for the Blind, Macon, in initiating processes with teachers for the instruction of students in mobility and also in working with housemothers in developing insights with relationship to problems they would encounter in the area of mobility training with school age students.

The Project originally planned to incorporate only the additive member to the Staff of the Georgia Rehabilitation Center of a Mobility Specialist, but it was later determined - during the first year of the Project - that a total program of Orientation, Adjustment, Evaluation and Training for the blind could not be provided without the addition to the Staff of a person qualified in the instructional areas of Activities of Daily Living. The addition of this individual completed the staff complement and the Final Report includes services as provided by E & I Project - Mobility and Adjustment Training for the Blind.

SIGNIFICANT FINDINGS FOR THE REHABILITATION WORKER

I. PURPOSE

This Project was initiated to provide systematic teaching of Orientation and Mobility Training to visually impaired individuals - adults - by a competent Instructor involving the Georgia State Agency of Vocational Rehabilitation and the Georgia Rehabilitation Center, Warm Springs, Georgia. This Instructor was to provide skills in mobility and travel to enable the blind and severely visually impaired individuals to become self-sufficient and independent to travel about from place to place and ultimately into a job situation. A qualified Instructor was also added to the Center Staff to aid in teaching Activities of Daily Living.

Individual and group teaching by the Mobility Specialist and the Instructor, in the fields of personal adjustment and activities of daily living, demonstrated the feasibility of a total rehabilitation program for the blind in a multi-handicapped Facility. The basis of all services was to provide instruction for the blind and severely visually impaired in the best methods of cultivating maximum independent capacities - to enable them to get to any destination with little or no assistance. Other procedures were: to restore self-esteem and self-confidence; to emphasize sensory training; to involve members of the Facility Staff, e. g. Counselors, Homemaking Instructor, Workshop Ad-

justment Instructor, Graphic Skills Evaluator, Industrial Skills Evaluator, Commercial Skills Evaluator, Basic Skills Evaluator, Residence Staff Personnel - Houseparents, Recreation Personnel, Chief of Life Adjustment Services.

II. FINDINGS/IMPLICATIONS FOR VOCATIONAL REHABILITATION

Travel techniques used by the Mobility Specialist in carrying out the objectives of the Project were those developed by Dr. Richard Hoover, Cphthalmologist, and as refined and perfected by Hines VA Hospital, and as applicable with the visually impaired population at the Georgia Rehabilitation Center. The utilization of varied disciplines at the Georgia Rehabilitation Center, it is felt, helped to initiate rehabilitation plans for many, and with the use of an Adjustment and Activities of Daily Living Instructor the good results, as experienced, were enhanced.

Many of the visually impaired individuals who entered the Georgia Rehabilitation Center brought with their primary impairment of blindness other physical impairments making it necessary to adapt and to improvise special techniques but not deviating from the fundamental principles of orientation and mobility. These special techniques were adapted to suit the individuals' needs and, as such, did entail a greater identification of individual problems. Some of the blind students were not able to learn all aspects of orientation and mobility and some were able to apply mobility skills when properly oriented and instructed.

The Project would indicate, with supporting study evidence, that the visually impaired can adjust to an environment of a multi-handicapped population and that special physical adaptations are not necessarily paramount to the total process of Vocational Rehabilitation.

It is felt that the number of visually impaired at a multi-handicapped setting such as at Warm Springs should be limited to 10% population. With this limitation in number the blind population, per se, did not impose upon the Facility an appreciable increase in problems.

The basic philosophy of the program in Mobility was that an individual cannot be rehabilitated beyond the point of his present impairment. A great number of the blind referrals came from rural sections of the State of Georgia and were very explicit in their desire to return to a rural area. Therefore, it was not necessary to subject these individuals to a full program of Mobility entailing urban environment manipulation. Each student was evaluated thoroughly as to his vocational, social, medical and personal needs, and the amount of Orientation and Mobility instruction given was based upon meeting these needs. With the partially sighted, the Georgia Rehabilitation Center Staff attempted to teach the individual to better use the vision that he had and to make him optimally mobile and functional with his remaining vision.

The total number of visually impaired who were admitted for a program of Vocational Rehabilitation during the three years of the Project were 70,

of which 57% were provided training with resulting employment, or who are still in a training situation elsewhere than the Georgia Rehabilitation Center. At the termination of the Project, 13% were currently enrolled, showing that a total of 70% received substantial services of a rehabilitative nature. Of the remaining 30%, no information was available at time of this report relative to possible substantial services which might have led to their eventual adjustment and employment. Reasons given for the 30% noted were "termination for medical reasons" and "against Facility advice". The types of employment for the 57%, as shown, were as follows: Business Enterprise, Radio Announcer, Nurse's Aide, Food Services, Warehouse Clerk/Laborer, Medical Transcriptionist, Secretary, Switchboard Operator, Homemaker.

The following report will indicate the methods initiated at the Georgia Rehabilitation Center to provide a setting for visually impaired individuals in a multi-handicapped environment without manipulation of the physical environment to provide special physical adaptations. As many of the evaluative and training opportunities as could be utilized by the visually impaired, as those with other types of impairments, were initiated. The visually impaired received, in addition to Mobility Training and Activities of Daily Living, a depth program of: Orientation and Adjustment, Vocational/Physical Evaluation, Counseling and Guidance, Psycho/Social Services, Supervised Leisure Time Activities, Vocational Training, Placement Procedures, Follow-up Supervision.

BACKGROUND INFORMATION

The Georgia Warm Springs Foundation is a medically oriented treatment facility which has enjoyed national renown as an outstanding medical rehabilitation center for many years. The Georgia Warm Springs Foundation was established in 1927 by Franklin D. Roosevelt and has, in the intervening years, become a symbol of hope to children and adults who had the impairment of polio. The decline in the incidence of polio enabled the Foundation to make its services available to other types of disability groups.

The availability of this excellent medical rehabilitation program made it possible for the development by the Georgia Division of Vocational Rehabilitation for expanded services of a vocational nature as a continuing program following the individual's termination from the hospital setting. Such was seen paramount following a study which indicated that in order to successfully rehabilitate severely impaired individuals, vocational services must be a consideration of the total program. This study led to the proposal for a Comprehensive Rehabilitation Center at Warm Springs.

The Georgia Warm Springs Foundation agreed and transferred to the State of Georgia the title to approximately thirteen acres of land which is located immediately adjacent to the Foundation's medical facilities. The State Board of Vocational Education of Georgia made available monies which were matched by Hill-Burton Rehabilitation Facility Funds for constructing and equipping the Georgia Rehabilitation Center.

The program of the Facility has been established in such a way that there is no duplication of services between the Medical Center and the State Rehabilitation Facility - indeed, each program augments the other.

The Georgia Rehabilitation Center was established to serve all types of Clients whether they suffer from physical, emotion, and/or mental disabilities. It was recognized that most referrals would come from DVR but that referrals could be expected and would be made by other State Agencies and from individual requests.

Services that are provided by the Georgia Warm Springs Foundation are as follows:

1. Physical and Medical Evaluation
2. Medical Treatment and Consultation
3. Physical Therapy
4. Occupational Therapy
5. Speech and Hearing Therapy
6. Prosthetics
7. Nursing Care and Hospitalization
8. Medical Research.

The various services offered at the Georgia Rehabilitation Center are as follows:

1. Psychological Services: This service provides psychological evaluation and interpretations of personality and behavioral dynamics for all student/patients at the Center. Individual and group counseling services are provided as indicated and consultative Psychologists and a consultative Psychiatrist are available for individual needs.

2. Social Services: This service offers social case studies for all student/patients and their families and provides for the identification of problems towards the formulation of plans for solution.

3. Vocational Services: Vocational Services are offered at the Center to help the student/patient to obtain an understanding of his vocational aptitudes and interests; to help the individual to identify the types of employment in which his particular aptitudes and interests will be most fully utilized. The Center Rehabilitation Counselor works closely with the referring Field Counselor towards a total plan of vocational rehabilitation.

4. Life Adjustment Services: This service is designed to meet the socio-educational deprivations that might be manifested by the student/patient. A full recreation, social and religious program is provided to utilize a twenty-four hour, seven days per week program.

The Georgia Rehabilitation Center is a multi-disability comprehensive center dedicated to the restoration and rehabilitation of all severely impaired individuals. It is owned by the State of Georgia and operated by the State Department of Education through its office of Vocatinnal Rehabilitation Services.

The services offered at the Georgia Rehabilitation Center were designed for the severely impaired and it was quickly recognized that the blind and severely visually impaired clients would need additive services to the program which existed with inception of the Center on June 2, 1964.

DEMONSTRATION PROJECT OBJECTIVES

The purpose of the Project was set up to establish a comprehensive instructional program to teach blind and severely visually impaired student/patients at the Georgia Rehabilitation Center skills in mobility and travel to enable them to become self sufficient and independent to travel about from place to place. Such was to be made available to the blind population through the latest techniques in mobility training which have been proven effective and successful at St. Paul's Rehabilitation Center, Veteran's Administration Hospital (Hines) and the Industrial Home for the Blind.

The Demonstration Project was initiated at the Georgia Rehabilitation Center on September 1st, 1964, and, in addition to Mobility and Training for the Blind, made use of intensive evaluation procedures which were provided to other seriously disabled individuals at the comprehensive center. An Extension and Improvement Grant to the original Project was provided in order to augment the existing service on July 1, 1965, by providing an additional qualified Instructor in the following areas: (1) Personal Adjustment Training, (2) Activities of Daily Living.

Specifics:

(1) Through individual and group teaching to show visually impaired individuals the best methods of cultivating maximum capacity to enable them to get to any destination with little or no assistance.

(2) To restore self esteem and self confidence

(3) To emphasize the area of sensory training

(4) To assist the blind and severely visually impaired in new ways of obtaining information about their environment which is important in building patterns of success and renewing confidence in themselves.

(5) To acquaint prospective employers of the merits of increased capacities which can be achieved through systematic mobility training.

(6) To augment the original demonstration project through the employment of an Instructor in the areas of Personal Adjustment Training and Activities of Daily Living by providing a curricula as follows:

1. Activities of Daily Living.
2. Social Skills.
3. Social Attitudes.
4. Group Relationships.
5. Personality Developments.
6. Citizenship.
7. Leisure Time Activities.
8. Homemaking Activities.

REASONS FOR USING A COMPREHENSIVE CENTER

Client needs:

(1) Specialized or team evaluation.
(2) Residential setting - supervision.
(3) Training not available in home community.
(4) Specialization for psycho/social needs.
(5) Environment for mobility needs.
(6) Concurrent multi-disciplines.

The Georgia Rehabilitation Center provides for visually handicapped individuals an environment of integrated and coordinated rehabilitative services to assist and to stimulate them to use the services that are provided for meeting their individual needs. Such services are designed to enable the blind and severely visually impaired clients to accept full responsibility for independently performing all activities important to a self-supporting and personally independent life.

POPULATION CRITERIA

It was noted at time of Grant Request that the Georgia Agency rehabilitated 342 Clients during the fiscal year ending June 30, 1963. It was felt that a considerable number of these rehabilitated individuals could have been better served and could have been provided more adequate services had they been more independent and mobile. It was impossible to estimate how many more referrals might have been rehabilitated had services at a Comprehensive Facility been available.

The selection of blind and severely visually impaired individuals to be served by the project included information available by opthalmological and general medical examinations, psychological and sociological data, practical observations and opinions of the referring Counselor.

A total of 70 applicants were admitted for services to the Georgia Rehabilitation Center during the three year period ending August 31, 1967.*

*See Appendix No. 4

Request for admittance to the Georgia Rehabilitation Center is directed to the Admissions Committee of the Center. This Committee is composed of the Chief of Counseling Services, Chief of Intensive Evaluation Services, Chief of Training Services, Chief of Life Adjustment Services, Physician - Georgia Warm Springs Foundation, and the Center Admission Officer.

To assist this Committee in scheduling Vocational and/or Medical Services for your Client, the following case material is requested with each application for admission:

1/ Pertinent medical and psychological information.
2/ Pertinent social, personal, and educational information.
3/ Completed Survey Form (R.S.A.#R-4)
4/ G.R.C. "Medical Supplement and Case Data".*

MOBILITY SERVICES

The actual Orientation and Mobility techniques used in carrying out the objectives of the Federal Research and Demonstration Project were those developed by Dr. Richard Hoover, Ophthalmologist, and refined and perfected by Hines V. A. Hospital, Hines, Illinois. The problems encountered in application of these techniques are enumerated in the following paragraphs.

Many of the Georgia Rehabilitation Center's Students bring with their blindness other physical impairments making it necessary to adapt and/or improvise special techniques, not deviating from the fundamental principles ororientation and mobility; as example, a 42 year old man with loss of leg, arm, sight, and had only partial hearing; special techniques were adopted to suit this individual's needs and would possibly not be applicable to any other individual.

Many of the students also have poor learning skills and poor judgmental ability. This handicaps the Orientation and Mobility Instructor in just how far he can go with the mobility training program. First of all, some of the students can not learn all aspects of orientation and mobility and second, some have judgmental ability to apply these skills properly when learned; therefore, care must be taken in not giving them too much freedom.

The bulk of our students come from rural sections of Georgia and they are very explicit in their desire to return to a rural section. If the prospects are that these individuals will, in fact, return to such a setting, it is impractical to go through and entire course in orientation and mobility since they will not have an opportunity to use these skills, and it would be a waste of Instructor's, as well as the student's, time and efforts. In other words, each student is evaluated thoroughly as to his or her vocational, social, and personal needs, and the amount of orientation and mobility instruction given is based upon meeting these' needs.

*See Appendix No. 1

The problem of teaching Orientation and Mobility to partially seeing individuals has arisen on many occasions. The philosophy of the Orientation and Mobility Instructor is that an individual cannot be rehabilitated past the point of his present impairment. The partially seeing individual does not see himself as a blind person, but as a sighted person and will not accept and cannot be expected to accept a long term Orientation and Mobility instruction course. The Georgia Rehabilitation Center has tried in such cases to teach the individual to better use what vision he has and make him mobile and functional with this vision - not forcing him to accept the cane. As example; some of the retinal degenerative type eye diseases leave the individual with macular vision - the individual in such a case should be taught to use his remaining vision to the greatest extent. The Optical Aids Clinic in Atlanta, Georgia is used quite extensively with partially seeing individuals and special magnifying devices have assisted many clients in using their residual vision to its maximum.

The Georgia Rehabilitation Center is vocationally oriented, providing some personal and social adjustment services; however, hoping that these services are only provided in conjunction with a vocational program. The Student soon learns this and becomes anxious to enter a vocational training area. The Student feels the necessity to acquire Orientation and Mobility skills if he or she sees some application of these skills towards his own personal betterment, and it is not difficult to get them involved in such a training program.

Through this Demonstration Project, we have found the Instructor must be very "real" with his student, giving him a good understanding of what he can and cannot expect "mobility" wise when he completes the course. It is noteworthy to point out that it has been the observation of the Orientation and Mobility Instructor that the mobility losses imposed by blindness create basically the same personal, social, and psychological effects as the mobility losses imposed by paraplegia, amputation, etc.

LIFE ADJUSTMENT SERVICES

One of the problems encountered in working with the visually handicapped at the Georgia Rehabilitation Center within the Residence Setting has been the tendency of these students to "group" together especially in the dining room. We have been able to deal rather effectively with the problem by working with our Food Service Manager and his Staff. They have made conscious efforts to seat our blind students at tables with sighted students in different areas of the dining room, not only encouraging our philosophy of integration of these students with sighted students, but also providing mobility training to and from different sections of the dining room.

Perhaps our major problem has been the provision of adequate recreational facilities and activities for these students. Our experience and knowledge in this area is limited. We have been working closely with the Activities of Daily Living Instructor and our Mobility Instructor in this

area. We have programmed fishing trips, hikes, trips to fairs and ball games this summer for these students. One of our staff members devised a technique, using a bell, which allows our blind students to participate in archery and shuffleboard. Of course, we use checkers and chess boards specifically designed for the blind; also, brailled playing cards and Bingo cards. We have also begun a supervised exercise program for our visually handicapped male students.

We encourage all students to attend local church services. Visually impaired students are no exception. They are also encouraged to, and do, go to the local movie each week.

We have found that our visually handicapped, including the totally blind, can be very successfully integrated into the Residence Facility program of activities. They perform well, for instance, as they share a room with one or two other sighted students. We do not, as a rule, room blind students together. Our houseparents work most effectively with these students in assisting them with choice of clothes and colors, placement of clothes in drawers and closets, laundry, etc. The floor representative is also responsible for orientation of these students who live on his particular floor, at least until they are far enough along in mobility training to begin assisting themselves.

We encourage our blind students to participate in all Center activities. They serve on various committees, and are active in campus life. We see blindness as another disability and treat it as such, as much as is physically and socially possible. The other Center students share this philosophy, and no "special" feeling is exhibited toward them, except as would be exhibited toward any other specific disability.

Blind students at the Center are held responsible for adhering to rules and regulations. They make their own beds, keep their own rooms in order, and are responsible for following all rules regarding behavior and conduct. We have had blind students before the disciplinary committee, because of rules infractions and behavior problems. No "special" considerations are given in this area, and the students know this.

Some of the blind students, as well as others, of course, experience "boy friend" and "girl friend" relationships while they are at the Center. This "natural course of events" does not unduly alarm us. We do, however, work closely with our students in an attempt to make these relationships wholesome and attractive, and use them to further develop social graces and skills - graces and skills they will most certainly need when re-entering the community.

We, of course, use the environment of the Residence Building to encourage and promote further independence on the part of the visually handicapped students. Once they are far enough along in mobility techniques, we urge them to "travel" over the building, allowing them free access to all areas used by other students. Most of them become quite proficient, not only within the Residence Building, but also over the entire Center complex.

We have not encountered any serious or "extra special" problems with our visually handicapped students in Life Adjustment Activities. We feel that our program at the Center has given some concrete indications that the blind and the sighted can function together within the comprehensive center setting.

HOMEMAKING SERVICES

Of the two types of blindness - congenital and newly blinded - the former seems to be the more frustrating from the standpoint of the Student as well as that of the Instructor. A person who has never seen has no conception of how anything looks, no idea of form, color, directions, et cetera, whereas, a person who is newly blinded knows something of these things. On the other hand, to the newly blinded person, blindness interferes with the ways in which he has carried out many of the fundamental tasks of daily living - those things that a sighted person takes for granted - such as shaving, rolling and combing hair, applying make-up, tying a tie and many other similar tasks.

In order to be able to function again as an independent individual, the blind person may need to learn new methods for carrying out certain activities, and he may need support and encouragement to continue former patterns which may be effective despite loss of sight. Possibly, the first thing that needs to be done, and the most difficult, is for the blind person to learn to live as a blind person - to do the things for themselves that formerly had been done for them.

The Homemaking Instructor then should be prepared to assist the blind adult by offering him instruction involving adaptations and techniques that can be applied in the performance of personal activities and household management. There are several principles and practices which a blind person will need to incorporate into his mode of living, namely:

(1) Time - More time will be needed to complete certain activities - for once the necessary "how to" information is obtained, it may take longer for him to proceed without fear when it becomes necessary to substitute the senses of touch, hearing and/or smell for the sense of sight.

(2) Organization - A systematic method for storing personal possessions and work equipment since he can no longer identify or locate these by sight.

(3) Thorough knowledge of equipment to be used and - to be in close contact with the task at hand, for through the sense of touch he may know how his work is progressing.

(4) To establish certain landmarks and points of reference so that he may know his own position and the location of his desired goal.

(5) To do a certain amount of preventive work or over work, such as dusting more frequently, cleaning or washing a larger-than-necessary area, etc.

(6) To develop his own system of marking or identifying objects, such as labeling or braille tape, et cetera.

(7) To develop new, or reorganize old patterns for personal safety - by using special equipment or in the physical arrangement of his environment.

(8) Ask assistance from a sighted person, regarding colors, appearance, et cetera.

There are many different techniques that may be used for accomplishing all of the household tasks but each Student develops a different approach and no set pattern has been adopted - only numerous suggestions have been made by the Homemaking Instructor and it has been entirely up to the Student to accept whichever fills his need the best.

The largest percentage of Students have shown significant progress and improvement but there are some who have neither desire nor motivation but rather take a negative attitude toward the whole program. Regardless of the amount of evaluation, counseling, psychological testing, instructing, et cetera, these fail because they refuse to help themselves.

VOCATIONAL EVALUATION SERVICES

In order that the Staff might better serve the Client who is blind and provide a broad base for his evaluation - the kinds of work activities that may be encountered in the sheltered or competitive situation - the majority of Clients are entered in each of the five work evaluation areas: Work Screening, Basic Skills, Commercial and Business Skills, Graphic Skills, and Industrial Skills. The amount of time spent in any one area varies according to the aptitude, ability, interest, and achievement of the individual. The purpose of the work evaluation unit is to serve as an adjustment and exploratory device rather than treatment or training per se. Its function is to observe the Client, who has a severe employment handicap in a simulated work situation, and to provide a professionally competent report on his performance therein.

The work samples assigned to the individual blind Client within each specific area are selected by the Evaluator after consultation with other members of the Evaluation Team. These work samples are chosen for possible successful performance on the initial job trials for motivational purposes. The sequence of the job is selected and assigned by the Evaluator. The samples are varied from the very simple, routine, repetative tasks to the more complex, skilled, operations. Tasks are included for which there is apparently little promise of a successful performance as well as those for which there is such promise. Depending upon the Client's progress, he is then moved from job sample to job sample.

The purpose of the Work Screening Area is set up to orient and indoctrinate the Client to the evaluative process at the Facility; to give the Client a period of adjustment to the Facility; to learn something about the Client's present approach to tasks-both qualitative and quantitative; work habits and social graces; to assess the Client's potential to learn new work skills; and to become involved in a total program of evaluative procedures.

At the Georgia Rehabilitation Center, there is no predetermined psychological battery administered to each Client. The selection of appropriate psychological measures of an objective or projective nature is dependent upon the basis of individual needs. Throughout the course of the evaluation process, the Psychologist is available for further exploration in development of information as needed. Within the framework of formal and informal discussion sessions with Staff members, the Psychologist assists each to understand the Client's needs, problems, and abilities. Some of the types of tests administered of an evaluative nature to blind clients are as follows: Wide Range Achievement Test, General Clerical Test, California Small Parts Dexterity Test, Minnesota Clerical Test, Purdue Pegboard Test, Peabody Picture Vocabulary Test, Stanford Achievement Test, Kuder Preference Test, Wechsler Adult Intelligence Scale-Verbal, Bennett Hand Tool Test, SRA Differential Aptitude Test, Graves Design Judgment Test, Word Association Test, and the Minnesota Multiphasic Personality Inventory.

Each blind person presents an unique vocational evaluation problem, Perhaps the greatest problems encountered by the Evaluators at the Georgia Rehabilitation Center are the congenitally blind persons that were so limited in most concepts. Often these persons are found to be unfamiliar with work concepts and work techniques. Their concept of size and shape is often very limited. This is a difficult problem and demands a tremendous amount of one-to-one instruction on the part of the Evaluator to teach the Client some concept of basic work abilities. Much better results are achieved with these Clients when the Evaluator has an opportunity to work with the Client on a one-to-one basis but, due to the work load of the Evaluator this is often impossible and therefore poorer results are achieved. It is suggested that blind Clients be scheduled for work evaluation on a one-hour per day basis rather than a full work load capacity of five to six hours per day.

A problem encountered with the partially sighted is the individual who relies on his sometimes very limited vision resulting in numerous errors in work and constant safety hazards. This Client should be observed constantly to check on accuracy of work and to prevent self injury or injury to others until he is trained to do a specialized job.

Most of the blind Clients have a problem with adjusting to a work situation which seems to be related with their personal adjustment to blindness. Usually when a Client completes mobility training, his general work effectiveness increases, but it is not known whether this is a result in increased mobility or a combination of mobility and vocational work that has been accomplished with the Client by the time his mobility training has been completed. Not all Clients are able to adjust

adequately to work and it is noted that many of these same clients are not able to profit from mobility training.

Various techniques are used in the evaluation of the blind Client group. Dictaphones and tape recorders are used to present many of the tests. Some Clients can type and use this mode for answering questions on various tests and exercises. Others require answers on tape and some give answers orally to the Vocational Evaluator. The results are about equal on all modes used. In the Industrial Skills and in the Adjustment Workshop Setting, several aids are used including Braille rulers and measuring devices. For those who can read Braille, Braille tapes are attached to various items such as tools, doors, materials, et cetera.

The whole process of evaluation requires much more time on the part of the Evaluator than other client groups at the Facility. Fewer problems in working with Clients are achieved by the concentrated effort of all disciplines involved in the individual client program such as the Counselor, Mobility Specialist, Training Personnel, Life Adjustment and Work Adjustment Personnel. Problems are lessened by informal discussion and planning with the various Disciplines. Scheduling of the Client's program is arranged in such a way that it will benefit all individuals involved in his program as well as the Client himself. Staff confidence, it is felt, is increased by involvement in a team effort.

Staff Techniques:

(1) Make sure that the patient becomes well oriented with the work area and in his work station setting.

(2) Consistent usage of casual conversation with the Client as he works at his assigned activities. The Client will learn to recognize the Staff members voice and he is able to gain confidence.

Aids:

(1) Basket weaving: This is done primarily for development of motor control to evaluate the Client's finger and hand dexterity and to aid him in developing a better sense of touch.

(2) Carving with modeling clay: This is used primarily for the development of a better sense of touch in being able to distinguish shape and form.

(3) Sorting various size and shape objects: This is done to develop a better sense of touch.

(4) One of the most successful and interesting aids which is used is a child's zigsaw puzzle. The picture puzzle is one consisting of about ten pieces. These pieces are cut out of one-quarter inch masonite into various shapes. The second puzzle is a more complex puzzle

cut out of the same material, but consists of smaller pieces and approximately eighteen in number. This is used primarily for the purpose of developing a better sense of touch and in being able to recognize shapes. Other activities used are primarily related to activities that are assigned to achieve the same purpose.

ACTIVITIES OF DAILY LIVING SERVICES

The manner and nature of work with blind Clients is commensurate with the rather varied types and scope of the problems encountered. In many instances the handicap of blindness is not the primary disabling factor which a Client possesses. That is, there are often accompanying factors sufficiently severe such as psychological, physical, and emotional, et cetera, which in degree prove the condition of blindness to be secondary as a limiting condition of the Client's eventual rehabilitation. When the situation here alluded to prevails, a decision must be made concerning which problems receive priority and whether there are problems which could be dealt with simultaneously. There are a number of basis precepts which must inevitably be considered in all cases if any appreciable degree of success is to be achieved with the Client. Firstly, there must necessarily be an adequate level of sincere motivation and desire for rehabilitation. Secondly, work must begin immediately toward assisting the Client to improve upon his own self-image. This can partially be achieved when the Client regains some degree of proficiency in managing his personal needs of daily living, freedom of mobility, and other areas of independent functioning.

While it is our philosophy at the Georgia Rehabilitation Center to integrate the blind population with the sighted Clients when possible, we see the merit for a group discussion class made up on only blind Clients where problem areas unique to blind persons can be discussed and hopefully resolved. The individuals involved in this class have shown overt and favorable responses as well as noticeable benefits from the collective efforts of the group in working with these problem areas. The areas covered in this particular discussion group are of a broad comprehensive nature including such topics as:

(1) The role of a blind person in a sighted society.

(2) Awareness and acceptance of a double standard pertaining to the expectations of the sighted world concerning the blind person.

(3) Perceiving realistically how the sightless are regarded in the minds of the sighted, through an understanding of the history of blindness involving the many misconceptions and preconceived notions of blindness dating back through the earliest recorded history.

(4) Acceptance of the responsibility of representing the blind as a whole in order to give the sighted world a more sophisticated concept of blindness in helping to alleviate the prevailing misnomers and misconceptions.

(5) The fact that the burden of the initial efforts towards breaching the gap and presenting a more favorable and desirable picture to the sighted world, lies not with the world at large but rather with the blind person himself.

(6) Gaining proficiency in social and recreational skills in order to better adjust and participate socially with the sighted community in the home area.

(7) Discussing the many facets of the demands of daily living which are often troublesome to blind persons.

These topics include such discussion areas as:

A. Marking and identification of clothing.
B. Proper color combinations and method of selecting.
C. Social etiquette and eating habits.
D. Common courtesies and proper manner in which to request, accept, or refuse assistance from sighted persons.
E. Dialing and proper use of the telephone.
F. Handling and identifying money.
G. Discussing the merits of and working on practice economic budgets.
H. The importance of personal hygiene with instructions on how to shave, use of deodorants, care of fingernails, hair, shoes, et cetera.
I. Problems of mobility and what particular method various members of the group use to solve some of the problems in order to afford more ease and freedom in mobility.

(8) Consideration of the existence of bizarre behavior and blindisms often observed in many congenitally blinded persons and the steps which should be taken to remedy this atypical behavior.

(9) Making the Client aware of the availability of the vast resources of reading materials, largely made possible through the Library of Congress in Washington, D. C. and its many affiliated libraries around the nation. Through this service one can receive such recorded material as Look magazine, Harper's magazine, Newsweek, as well as a great number of instructional courses, literature, languages and novels of an infinite variety.

(10) Information of significant state and federal legislation affecting blind individuals. Examples being such laws as Social Security, income tax deductions, et cetera, which might be pertinent to their particular situation.

The topics, subjects and discussion areas mentioned above are but a few of the areas covered and dealt with in this group participation class. As inferred, this class is designed ostensibly for the purpose of helping the Client gain a more realistic concept of his self-worth, potential degree of independence and responsibilities to himself, his community and to the society in which he lives. Also that he can, if will-

ing to exert sufficient interest and effort, continue managing his own personal everyday needs with what are sometimes slight modifications and/or adaptations of the previous ways of doing things. He is further encouraged to consider what talents and abilities he possesses which might be put to use in assisting him to return to a remunerative and productive place in society.

While the foregoing information deals primarily with what might be considered the intangibles of helping the blind to become better adjusted, the Activities of Daily Living Instructor does offer, engage and encourage blind Clients to avail themselves in the more concrete and tangible areas of instruction. These are as follows:

Communication Skills:

(A) It is imperative that the Client realize the necessity of being able to communicate with the sighted population. This is easily accomplished in most cases by teaching the Client the system or the method of touch typing on a standard ink-print typewriter. While this partially suffices, it is felt that everyone should have some method and/or means of writing and being able to read what has been written unaided by others. This is made possible through the learning of Braille. Instructions are given in the art of reading and writing Braille both with the slate and stylus and the Braille writing machine. It is sometimes necessary to utilize specially designed aids and apparatus when working with an individual who is severely physically impaired in addition to his blindness. An example is the recent purchase of a specially made keyboard attachment, which when secured to the regular keyboard of a Braille writing machine, enables a person with only one hand to write Braille on the machine equally as well as one who writes with both hands.

(B) It is further considered desirable that a blind Client be able to use a pen or pencil at least to the extent of adequately signing his name. It is relatively simple to assist a person who has had the benefits of vision earlier in life to continue his writing skills. However, one who has never seen and has not been accustomed to the use and achievement of penmanship requires considerably more instruction in this area.

(C) In the general area of communication skills comes the not too infrequent necessity of teaching a Client business arithmetic by means of Braille. When a Client is able to master the art of arithmetic in Braille, he is then able to manage his own books, when necessary, if he operates a vending stand or other small business. Additional aids for this purpose have recently been acquired in the form of a type-slate-board, which allows a person who does not have a working knowledge of Braille, to also work arithmetic by feeling these raised numbers on the metal type. There are a number of additional arithmetic aids which are sometimes used. Another innovative technique is the recent designing of an improvised implement which was used to assist

a Client to become more self-sufficient on his job. This device consists of a thin metal plate with cutouts corresponding with the lines on a printed form, which enables the Client in question to use a pen in filling in the appropriate information without assistance from his co-workers. Many such improvised devices are designed to meet the particular need of a Client whether it be for a personal need or of a business nature.

General Information and Instruction:

(A) Often in the cases of congenitally blinded persons there is a lack of a true concept of the physical world in which he lives. This is particularly true where the Client has not had benefit of sufficient formal education. In order that one might better perceive the physical world and the various nations in their relation to each other a thirty-inch relief globe of the world will help make this possible. Relief maps of the United States and other geographical areas enhances the individual's mundane concepts.

(B) Sessions in current events have been initiated with the blind Clients with the aim of creating interest in world affairs and making them more cognizant of situations, events, and happenings outside of their own personal world. It is gratifying to observe the favorable response which these sessions have created.

Conclusions:

It is imperative that the Client be made aware of his capabilities and limitations in order that he have a more realistic self-concept and the gamut of ramifications which this infers.

We feel that only through the collective efforts of the Staff at GRC, towards becoming more sophisticated, informed and aware of the needs and problems of the blind Clients, can any appreciable degree of success be observed. We should eventually be equal to the task of working with the great variety of needs in our blind population.

SUMMARY
SUCCESS STORIES

NUMBER ONE:
DIABETES AND MOBILITY

Mobility can become a problem when a diabetic situation causes blindness. This is the case of an Atlanta man who is an outstanding citizen and owner/president of a large supply company. Being financially able, he had every medical effort made in his case, but total blindness caused him to seek services that would enable him to live as independent and as full a life as possible.

The Georgia Rehabilitation Center was able to offer a therapeutic atmosphere from both the Counseling and Mobility standpoints, and thus contribute to the emotional and physical adjustment of this impaired individual. Out-patient Orientation, Mobility and Counseling over a period of months enabled this Client to detach his thoughts from his own physical problem and project them into his environment and thus make great strides towards more independent social needs and also in deriving greater satisfaction from his work. Another significant part of this Client's out-patient program was when he received his Braille watch and learned to tell time.

All thoughts of this Individual's retiring from his active participation in his company have vanished, and last year under this Individual's leadership, the company had one of the most profitable years in its history. Thus, the Program for the Blind at the Center has enabled an Individual to maintain his status in his business and to enhance his independence toward a fuller social life.

NUMBER TWO
RECEPTIONIST TRAINING

This North Georgian came to the Center in April, 1965, and during the next six months completed an Orientation, Evaluation and Training program. Although this young lady has visual problems, she was capable of undertaking various subjects in the business education program which included receptionist duties. While this Client is now successfully employed as a Vending Stand Operator at an Industrail Company in Atlanta, her training experiences in business subjects and opportunity to meet the public have been of benefit in her present work. In addition to becoming prepared for the vocational future, this visually impaired individual met another student while at Warm Springs and this association led to courtship and marriage. She and her husband now live and work in the Atlanta area.

NUMBER THREE

VISUAL ACUITY:	Right	80% Loss of Vision
	Left	Enucleated Eye
EYE PATHOLOGY:	Severe Optic Atrophy	

This SEVERELY VISUALLY IMPAIRED INDIVIDUAL entered the Georgia Rehabilitation Center in March of 1966 for Vocational Evaluation, and this was completed in approximately one month with the Client manifesting a verbal interest, and showing aptitudes in VENDING STAND TRAINING. This was provided at GRC - and in addition to Counseling and Guidance, and Training, he was evaluated at the OPTICAL AIDS CENTER in Atlanta, with recommendations for appliances to improve his vision in a job situation.

Contacts were made with the Business Enterprise Counselors in Atlanta before this Individual was placed in a Training Situation in a Vending Stand Operation at GRC, and contacts were made by these Consultants to determine if there were outlets for this Individual upon the completion of his Training. A situation was found for Client in North Georgia, and he was placed there upon the completion of his Vending Stand Operation Training. Placement has been permanent, and certainly compatible with his disability.

NUMBER FOUR
RADIO ANNOUNCING - VOCATIONAL GOAL FOR BLIND CLIENT

The Referral came to the Georgia Rehabilitation Center, with a vocational goal that many of our Clients have, radio announcer. Most of the time we have shrugged this vocational objective off as being unrealistic and immediately begin to re-direct Client's interests in our counseling sessions. This was attempted. However, due to Client's persistence, the Georgia Rehabilitation Center's staff began to explore the radio announcing field and it was found that he did not just verbalize this objective, but had done a great deal of research and exploration of his own and did, in fact, have a good understanding of some of the problems he would encounter should he be allowed to pursue this objective.

The Georgia Rehabilitation Center set up a simulated radio station and gave Client an opportunity to organize and tape what he would consider a good radio program - music, commercials, human interest material, ad-libing, et cetera. Staff's reaction to Client's programs was favorable. Contact was then made with a radio announcer and he gave Client and Counselor an even better understanding of some of the problems involved and how they could be overcome.

Field Counselor contacted WUGA, University of Georgia, and a graduate student agreed to work with Client on the mechanics of operating a radio station control console. This proved to be the only assistance Client needed. On his own initiative he found employment as a radio announcer.

This is an example of an "exceptional" desire of a Client which - with persistence - became a reality.

NUMBER FIVE
"OLD DYNAMITER"

This 53 year old male was admitted to the Georgia Warm Springs Foundation in April, 1966, for intensive physical restoration services after a dynamite accident with Client having residual impairments of elbow amputation, and right above-knee amputation. Client was not able to participate in any type of rehabilitation process and, therefore, both amputated extremities had developed prolonged severe contractures. As a result of this, Client's physical restoration program was not completed until July, 1966, and during this time he was fitted with both arm and leg prosthesis and was taught mobility practices by the Center's peripatologist. At the same time occupational therapy program was provided to assist Client in eventual vocational training program of vending stand operator.

Both the physical restoration and the vending stand training program was completed in November, 1966. Client returned to his home area in Tennessee, where he had a specially designed vending stand awaiting his assuming command in the Tennessee Court House. Client assumed management of his stand on November 21, 1966, and in December we re-

ceived a letter from the Tennessee Department of Rehabilitation for the Blind and numerous newspaper clippings noting Client's success in Stand Operation and as of this date our latest contact revealed that Client is earning a very good income and is extremely pleased with all of the services that rendered him a self-sustaining individual again.

If this can be done for a person having the myriad problems of this individual, it can also be done for other individuals who need Vocational Rehabilitation and Georgia Rehabilitation Center's services.

APPENDIX NO. 1

MEDICAL SUPPLEMENT AND CASE DATA

I. IDENTIFICATION DATA: Date of Birth _____ Date _____

Client's Name _____ IBM No. _____

Age ____ Sex ____ Race ____ Marital Status _____ DVR Status ____

In emergency contact (Client family member) _____

_____

II. CHECK LIST: (Please furnish)

General Medical (R-3 ___ Survey Form (R-4 ___ Case History _____

PLEASE NOTE IF OTHER MEDICAL INFORMATION/PSYCHOLOGICAL DATA IS BEING FURNISHED (e.g. Orthopedic, Neurosurgical, WAIS, etc.)

_____

_____

_____

III. MEDICAL INFORMATION:

A. Disability and Cause: _____

_____

B. Medication/Diet: (If Client is under medical treatment or supervision, please give name and address of physician, prescription, and any specific instructions. If none, please write "none." _____

_____

_____

C. Mobility: (Please note if Client is unable to manipulate appliances alone and/or has any other problems of ambulatio e.g., "Uses Braces, Crutches, Wheelchair," or "Client is unable to get from wheelchair to bed alone," etc.) _____

_____

_____

III. MEDICAL INFORMATION:

D. Activities of Daily Living: (Please check if problem exists

1. Dressing____ 2. Feeding____ 3. Bathing____ 4. Toilet_____

5. Other_____ NOTE PROBLEM FURTHER_____

_____

E. General: (Please check if applicable)

1. Catheter_____ 2. Sores_____ 3. Urinal Bag_____

4. Colostomy Bag_____ 5. Broken Bones_____

6. Frequent Infection_____ 7. Kidney Stones_____

NOTE ANY OTHER PROBLEM AND ANY DETAILS REGARDING ABOVE___

_____

_____

F. Has Client ever been examined and/or treated at the Georg
Warm Springs Foundation?_____ If so, when?_____

G. Services Desired: (Please give reason for referral to G.R.C.)_____

_____

_____

IV. FINANCIAL RESPONSIBILITY: (Indicate who will pay)

1. Room and Board_____ 2. Evaluation_____

3. Training_____ 4. Medical Services_____

SIGNED BY:

_____
D.V.R. COUNSELOR OR REFERRING AGENCY

PLEASE NOTE: 1/ Have Client bring all prosthetic and personal appliances--e.g. Braces, Crutch Wheelchair, etc.

2/ Maiden name of Client, if applicable___

3/ Client should have sufficient medication if applicable, for 24 hour period when reporting to G.R.C.

APPENDIX NO. 2

RATE SCHEDULE

Professional Services (maintenance not included)

Rehabilitation Evaluation — $10.50 per day (5 day week)
Included, as indicated, medical evaluation by physician (laboratory, x-ray, et cetera, extra) psychological, social, vocational, job sampling, counseling and coordination of these services, together with summary reports by team.

Training — $2.50 per day (5 day week)
Includes instruction, supervision, and counseling.

Medical Services

The staff and facilities of the Georgia Warm Springs Foundation Hospital are available to clients admitted to the Georgia Rehabilitation Center. Fees for in-patient and outpatient services provided may be billed through the Georgia Rehabilaitation Center or to you direct, as indicated.

The services available include hospitalization for intensive care under a physiatrist or internist, or reconstructive orthopedic surgery. Physical therapy, occupational therapy, speech therapy, x-ray and clinical laboratory procedures, special electronic diagnostic testing and orthetics can be provided either during the hospitalization or on an outpatient basis.

*Maintenance Services

*Room and Meals — $3.00 per day
Including recreation; social activities; routine medical services, not including hospitalization, drugs or nursing.

*Attendant and/or Nursing Services — $3.00 per day
Additional charge for service when necessary due to disability or illness.

*Charges are made for each day of the calendar month including absences of 3 days or less.

Address inquiries to:

Admissions Officer
Georgia Rehabilitation Center
Warm Springs, Georgia

* Rates subject to change without notice

APPENDIX NO. 3

STAFFING OF STUDENTS - RECEIVING VOCATIONAL TRAINING

In addition to the routine staffings, the following staffings are held in connection with the Center Program. These staffings are scheduled concurrently with the Wednesday afternoon routine staffing.

I. A COMPREHENSIVE STAFFING REVIEW OF TRAINING SITUATION OF THE STUDENT will be made at the end of one month, following the beginning of training here at the Georgia Rehabilitation Center. This Conference will include the following:

Center Counselor
Center Instructor
Chief of Training

II. INTERMITTANT STAFFINGS during the period of Client's Training will be initiated as need in Vocational Analysis of the case and in providing the best curriculum development for the Client at any time during the training period and will involve the following:

Center Counselor
Center Instructor
Chief of Training
Others, e.g.
Field Counselor
Recreational Director
Chief of Life Adjustment Services, etc.

At any time there is an atypical behavior pattern, such staffings should be initiated as a procedure of re-evaluation of the Student - such initiation could be at the discretion of any of the committee members noted herewith.

III. PLACEMENT STAFFING. Not later than one month prior to the anticipated completion of training and discharge of the Student from the Georgia Rehabilitation Center, a staffing will be held. Prior to the staffing, the Center Counselor will have held a placement interview. The following Personnel will be involved in this staffing:

Center Counselor
Center Instructor
Chief of Training, et al, e.g.,
  Chief of Counseling
  Chief of Life Adjustment Serv.
    Recreational Director
    House Mother
    Nurse
Physio-Therapist
Doctor
Placement Specialist
Georgia State Labor Dept.,
etc.

APPENDIX NO. 4

CASE DISPOSITION--PROJECT NO. RD-1616 MOBILITY AND ORIENTATION FOR BLIND

	NUMBER		%
TERMINATION--MEDICAL REASONS.....	9		
TERMINATION--AGAINST FACILITY ADVICE.....	11		29
NO EMPLOYMENT.....	1		1
BUSINESS ENTERPRISE.....	20		
RADIO ANNOUNCER.....	1		
NURSE'S AIDE.....	3		
FOOD SERVICES.....	2		57
WAREHOUSE CLERK/LABORER.....	3		
MEDICAL TRANSCRIPTIONIST/SECRETARY/ SWITCHBOARD OPERATOR.....	6		
COLLEGE.....	3		
HOMEMAKER.....	2		
CURRENTLY ENROLLED.....	9	—	13
	70		100%

STATISTICS:

AVERAGE AGE.....26.6

RACE.....83% White
17% Negro

SEX.....38% Female
62% Male

MARITAL STATUS.....71% Single
29% Otherwise

AVERAGE EDUCATION....9.7

AVERAGE I.Q. 89

HV1708 c.3
G296

Georgia Division of Vocational Rehabilitation.
MOBILITY AND ORIENTATION INSTRUCTION FOR BLIND PEOPLE.

Date Due

HV1708 c.3
G296

Georgia Division of Vocational Rehabilitation.
AUTHOR
MOBILITY AND ORIENTATION IN-
TITLE STRUCTION OF BLIND PEOPLE.
(Nov. 1967)

DATE Due	BORROWER'S NAME
~~3-23-73~~	~~M a Mulgrew~~
11/12/74	Marion Gillespie
~~12-23-76~~	~~Grace Maffucci~~

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